| DMV Technician: | Justin | Jone | <i>ي</i> د | ,< | P | ositio | n (I o | - 2 | |
|--------------------------------------|----------------|-----------------------------------------|----------------------------------------|-----------|--------------|-----------------------------------------|---------|--------|-------|
| Station: Geo | | 313.35 | Date: 🗷 | -13-1 | <u>'</u> 3 ' | Time | | | |
| Vehicle Make: 4 | | | Model | 211 | | *************************************** | Year | 200 | 3 |
| GVWR: | - Fuel T | Гуре: | | | Registrat | ion N | umber | :Pc40 | 4534 |
| Auditor: (8 pre& | ~ | | | (| Covert / | Qveri | (circl | e one) | 1 |
| | | | | | | | | | |
| | | | A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A- | | | | YES | NO | N/A |
| 1. Did technician cl | | | work and ve | erify V | /IN numb | er? | <u></u> | | |
| 2. Was Emissions t | | | | | | | ٤ | | |
| a) Was Emissions | | | | | | | | | |
| b) Was Emissions | | | | | | | V | | |
| c) Was Emissions | | | | | | | | | |
| d) Was Emissions | | | |) | | | | | |
| 3. Was Catalytic Co | | · | | | | | 2 | | |
| a) Was Catalytic (| | ~A | | <u>d?</u> | | | L | | |
| 4. Was Fuel Tank p | | | | | | | | | |
| a) Was Fuel Tank | <u> </u> | | | | | | · | | ····· |
| 5. Was Fuel Cap pro | | | | | | | | | |
| a) Was Fuel Cap p | | *************************************** | | | | | -, | | |
| 6. Is this test a Re-cl | | | | | · | | - | | |
| a) Which re-check | | | | | | | | | |
| b) If this is re-chec | ck #3, was re | pair pa | iperwork ve | erified | for waiv | er? | ~ | | |
| | | | | | | | | | |
| New Castle and Ker | nt Counties | Only | | | | | | | |
| Was Two-Speed Idea | | | | | | | | | |
| a) Was Two-Speed | Idle testing | perform | ned? | | | | _ | | |
| | | | | | | | | | |
| Sussex County Only | 7 | | | | | | | | |
| 8. Was Curb Idle tes | sting required | d? | | | | | ~ | | |
| a) Was Curb Idle to | esting perfor | med? | | | | | است | | |
| | | | | | | | | | |
| Comment: Sifely d | ceds too | | | | | | | | |
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| DMV Technician: Alex Va 29 | и ч <u>е</u> 2_ | | Positio | n:/Lor | 2 | |
|-----------------------------------------|-----------------|---------------|------------|--------|----------------------------------------|-----------------------------------------|
| Station: Geo | Date: | 2-13-13 | Time: | | | |
| Vehicle Make: Foref | | EXPLOYER | | | 2002 | |
| GVWR: - Fuel Type: | | Regis | tration N | umber | D45 | 7 |
| Auditor: Greger | | | rt / Øvert | | | |
| | | | | | | |
| | | | | YES | NO | N/A |
| 1. Did technician check vehicle paper | work and | verify VIN n | umber? | V | | |
| 2. Was Emissions testing required? | | | | 2 | | |
| a) Was Emissions testing performed | l using OB | D? | | | | |
| b) Was Emissions testing performed | dusing Ana | lyzer Probe? | ? | ~ | | |
| c) Was Emissions testing performed | l using Pad | dle(s)? | | | | |
| d) Was Emissions testing performed | | | | | | |
| 3. Was Catalytic Converter inspection | on required | ? | _ | V | | |
| a) Was Catalytic Converter inspecti- | on perform | ed? | | L | | |
| 4. Was Fuel Tank pressure testing rec | uired? | | | | | |
| a) Was Fuel Tank pressure testing po | erformed? | | | | | |
| 5. Was Fuel Cap pressure testing requ | | | | | | |
| a) Was Fuel Cap pressure testing per | formed? | | | | | |
| 6. Is this test a Re-check from a prior | | | | | | |
| a) Which re-check test is being perfo | ormed? 1 | 2 3 (circle o | ne) | | | |
| b) If this is re-check #3, was repair p | aperwork v | erified for w | /aiver? | | | |
| | | | | | | |
| New Castle and Kent Counties Only | | | | | | |
| 7. Was Two-Speed Idle testing require | d? | | | | | |
| a) Was Two-Speed Idle testing perform | rmed? | | | | | *************************************** |
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| Sussex County Only | | | | مسيا | | |
| 8. Was Curb Idle testing required? | | | | u . | | |
| a) Was Curb Idle testing performed? | | | | 2 | | |
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| Comment: Solety Lus | | | | | | |
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| DMV Technician: Thomas Tedley 15 Posit | ion Tor | 2 | |
|----------------------------------------------------------------------|------------|-------|----------|
| Station: Gev Date: 2-13 Tim | e: | | |
| Vehicle Make: Mazda Model m. //en/c | Year | 2001 | |
| GVWR: - Fuel Type: 6 Registration | Number | : New | Roy |
| Auditor: Gryesa Covert / Ove | rt (circle | one) | |
| | | · | . |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | l L | | |
| 2. Was Emissions testing required? | - | | |
| a) Was Emissions testing performed using OBD? | | | |
| b) Was Emissions testing performed using Analyzer Probe? | 4 | | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | | | |
| 3. Was Catalytic Converter inspection required? | نسسن | | |
| a) Was Catalytic Converter inspection performed? | - Zur | | |
| 4. Was Fuel Tank pressure testing required? | | | |
| a) Was Fuel Tank pressure testing performed? | | | |
| 5. Was Fuel Cap pressure testing required? | | | |
| a) Was Fuel Cap pressure testing performed? | | | |
| 6. Is this test a Re-check from a prior failure? | | | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | | |
| a) Was Two-Speed Idle testing performed? | | | |
| | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | 4 | | |
| a) Was Curb Idle testing performed? | ~ | | |
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| Comment: Afely to | | | |
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| DMV Technician: Sfévie WeekesPosition:Station:GroDate: 2-13Time | e: 📉 | | |
|----------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|
| | | | *************************************** |
| Vehicle Make: Oher Model 1500 | Year | | |
| GVWR: /1 Fuel Type: G. Registration | Yumber | :011 | 22 G |
| Auditor: Gnesa Covert Que | ≄ (circle | one) | ***** |
| | | · | , |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | 16- | | |
| 2. Was Emissions testing required? | 4 | | |
| a) Was Emissions testing performed using OBD? | | | |
| b) Was Emissions testing performed using Analyzer Probe? | 1 | | - |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | u | | |
| 3. Was Catalytic Converter inspection required? | V | | |
| a) Was Catalytic Converter inspection performed? | [w | | |
| 4. Was Fuel Tank pressure testing required? | | | |
| a) Was Fuel Tank pressure testing performed? | | | |
| 5. Was Fuel Cap pressure testing required? | | | |
| a) Was Fuel Cap pressure testing performed? | | | |
| 6. Is this test a Re-eheck from a prior failure? | | | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | |
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| New Castle and Kent Counties Only | 1 | | |
| 7. Was Two-Speed Idle testing required? | i v | | |
| a) Was Two-Speed Idle testing performed? | ~ | | |
| | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | | |
| a) Was Curb Idle testing performed? | | | ***** |
| | | *************************************** | |
| Comment: Safaty | | | |
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| DMV Technician: Kend Horsley 15 Position | on: 1 or | (2) | ···· |
|----------------------------------------------------------------------|----------|----------------|------|
| Station: GED Date: 2-13 Time | | | |
| Vehicle Make: Oper Model 1500 | Year | 1989 | |
| GVWR: 1/2 Fuel Type: G Registration A | Lumber | C/10. | 29 |
| Auditor: Greec Covert / Over | | | |
| | | | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | 6 | | |
| 2. Was Emissions testing required? | | | |
| a) Was Emissions testing performed using OBD? | | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | | | |
| 3. Was Catalytic Converter inspection required? | | | |
| a) Was Catalytic Converter inspection performed? | | | |
| 4. Was Fuel Tank pressure testing required? | 4 | | |
| a) Was Fuel Tank pressure testing performed? | lum | | |
| 5. Was Fuel Cap pressure testing required? | ا س | | |
| a) Was Fuel Cap pressure testing performed? | i. | | |
| 6. Is this test a Re-check from a prior failure? | | | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | | |
| a) Was Two-Speed Idle testing performed? | | | - |
| | | | |
| Sussex County Only | | | |
| B. Was Curb Idle testing required? | | | |
| a) Was Curb Idle testing performed? | | | |
| | | | |
| Comment: | | | |
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| DMV Te | chnician: | Tyrone | Honoly | | 15 | Positi | on: 1 or | 2 | |
|-----------------------------------------|-----------------------------------------|--------------|---------------|---------------------|---------------|----------------------------------------|-----------------------------------------|-------|------|
| Station: | G arphi | T | Dat | e: 🗷 | 13-13 | Time | | | |
| | Iake: Che | | M | lodel | Blazer | ~ | Year | 1997 | |
| GVWR: | -05 - | Fuel | Гуре: 💪 | ******************* | Regis | tration N | lumber | : Z/5 | 1417 |
| Auditor: | Griasa | | | | Cove | rt <u>L Over</u> | t/(circle | one) | |
| | | | | | | | *************************************** | ·—- | · |
| | | | | | | | YES | NO | N/A |
| | | | paper work | and v | erify VIN n | umber? | 1 4 | | |
| | | sting requir | | | | ····· | | | |
| | | | ormed using | | | | | | |
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| *************************************** | | | spection per | | :d? | | | | |
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| ····· | | | ting perform | ied? | | | V | | |
| | | | g required? | | | ····· | 1 | | |
| | ····· | | ng performe | | | | | | |
| | | | prior failure | | | | | | |
| | | | g performed | | | | | | |
| b) If this | is re-check | #3, was re | pair paperw | ork v | erified for v | vaiver? | | | |
| | | | | | | | | | |
| New Castle | e and Kent | t Counties | Only | <u></u> | | | | | |
| 7. Was Two | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | | | | |
| a) Was Tu | vo-Speed I | dle testing | performed? | | | | | | |
| | | | | | | | | | |
| Sussex Cou | inty Only | | | | - | | | | |
| 8. Was Cur | b Idle testi | ing require | d? | | | | | | |
| a) Was C | urb Idle tes | ting perfor | med? | | | | | | |
| | | <u></u> | | | | | | | |
| Comment: | Brukel | heck too | | | | | | | |
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| DMV Technician: Geneld Layne Position (1) or 2 Station: Geneld Layne Time: Vehicle Make: Toyo to Model Registration Number: Usy 2 Auditor: Grees Covert / Greet (circle one) YES NO N/A 1. Did technician check vehicle paper work and verify VIN number? 2. Was Emissions testing required? a) Was Emissions testing performed using OBD? b) Was Emissions testing performed using Analyzer Probe? c) Was Emissions testing performed using Paddle(s)? d) Was Emissions testing performed using Clip? 3. Was Catalytic Converter inspection required? a) Was Fuel Tank pressure testing performed? 4. Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing performed? |
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| Auditor: Gresa Covert / Overt (circle one) YES NO N/A 1. Did technician check vehicle paper work and verify VIN number? 2. Was Emissions testing required? a) Was Emissions testing performed using OBD? b) Was Emissions testing performed using Analyzer Probe? c) Was Emissions testing performed using Paddle(s)? d) Was Emissions testing performed using Clip? 3. Was Catalytic Converter inspection required? a) Was Catalytic Converter inspection performed? 4. Was Fuel Tank pressure testing required? a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| Auditor: Gresa Covert / Overt (circle one) YES NO N/A 1. Did technician check vehicle paper work and verify VIN number? 2. Was Emissions testing required? a) Was Emissions testing performed using OBD? b) Was Emissions testing performed using Analyzer Probe? c) Was Emissions testing performed using Paddle(s)? d) Was Emissions testing performed using Clip? 3. Was Catalytic Converter inspection required? a) Was Catalytic Converter inspection performed? 4. Was Fuel Tank pressure testing required? a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| 1. Did technician check vehicle paper work and verify VIN number? 2. Was Emissions testing required? a) Was Emissions testing performed using OBD? b) Was Emissions testing performed using Analyzer Probe? c) Was Emissions testing performed using Paddle(s)? d) Was Emissions testing performed using Clip? 3. Was Catalytic Converter inspection required? a) Was Catalytic Converter inspection performed? 4. Was Fuel Tank pressure testing required? a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| 1. Did technician check vehicle paper work and verify VIN number? 2. Was Emissions testing required? a) Was Emissions testing performed using OBD? b) Was Emissions testing performed using Paddle(s)? c) Was Emissions testing performed using Paddle(s)? d) Was Emissions testing performed using Clip? 3. Was Catalytic Converter inspection required? a) Was Catalytic Converter inspection performed? 4. Was Fuel Tank pressure testing required? a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| 1. Did technician check vehicle paper work and verify VIN number? 2. Was Emissions testing required? a) Was Emissions testing performed using OBD? b) Was Emissions testing performed using Analyzer Probe? c) Was Emissions testing performed using Paddle(s)? d) Was Emissions testing performed using Clip? 3. Was Catalytic Converter inspection required? a) Was Catalytic Converter inspection performed? 4. Was Fuel Tank pressure testing required? a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| 2. Was Emissions testing required? a) Was Emissions testing performed using OBD? b) Was Emissions testing performed using Analyzer Probe? c) Was Emissions testing performed using Paddle(s)? d) Was Emissions testing performed using Clip? 3. Was Catalytic Converter inspection required? a) Was Catalytic Converter inspection performed? 4. Was Fuel Tank pressure testing required? a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| a) Was Emissions testing performed using OBD? b) Was Emissions testing performed using Analyzer Probe? c) Was Emissions testing performed using Paddle(s)? d) Was Emissions testing performed using Clip? 3. Was Catalytic Converter inspection required? a) Was Catalytic Converter inspection performed? 4. Was Fuel Tank pressure testing required? a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| b) Was Emissions testing performed using Analyzer Probe? c) Was Emissions testing performed using Paddle(s)? d) Was Emissions testing performed using Clip? 3. Was Catalytic Converter inspection required? a) Was Catalytic Converter inspection performed? 4. Was Fuel Tank pressure testing required? a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| c) Was Emissions testing performed using Paddle(s)? d) Was Emissions testing performed using Clip? 3. Was Catalytic Converter inspection required? a) Was Catalytic Converter inspection performed? 4. Was Fuel Tank pressure testing required? a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| d) Was Emissions testing performed using Clip? 3. Was Catalytic Converter inspection required? a) Was Catalytic Converter inspection performed? 4. Was Fuel Tank pressure testing required? a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| 3. Was Catalytic Converter inspection required? a) Was Catalytic Converter inspection performed? 4. Was Fuel Tank pressure testing required? a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| a) Was Catalytic Converter inspection performed? 4. Was Fuel Tank pressure testing required? a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| 4. Was Fuel Tank pressure testing required? a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| a) Was Fuel Tank pressure testing performed? 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| 5. Was Fuel Cap pressure testing required? a) Was Fuel Cap pressure testing performed? |
| a) Was Fuel Cap pressure testing performed? |
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| 6. Is this test a Re-check from a prior failure? |
| a) Which re-check test is being performed? (1) 2 3 (circle one) |
| b) If this is re-check #3, was repair paperwork verified for waiver? |
| |
| New Castle and Kent Counties Only |
| 7. Was Two-Speed Idle testing required? |
| a) Was Two-Speed Idle testing performed? |
| |
| Sussex County Only |
| . Was Curb Idle testing required? |
| a) Was Curb Idle testing performed? |
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| Comment: Wipe Medes -Good |
| 1 2 1 10000 1000 |
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| DMV Technician: Keifly Takor 15 Posi | tion:(Lor | 2 | |
|----------------------------------------------------------------------|---------------|-------|----------------------------------------------|
| Station: GEO Date: 2-13 Tin | | | |
| Vehicle Make: KIA Model RIO | Year | 2/275 | |
| Vehicle Make: KIA Model R.O GVWR: Fuel Type: G Registration | Number | 5439 | <u>. </u> |
| Auditor: Gresa Covert/Qu | | | |
| | | | *************************************** |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? |) L | | |
| 2. Was Emissions testing required? | V | | |
| a) Was Emissions testing performed using OBD? | | | |
| b) Was Emissions testing performed using Analyzer Probe? | 2 | | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | | | |
| 3. Was Catalytic Converter inspection required? | ~ | | |
| a) Was Catalytic Converter inspection performed? | ~ | | *************************************** |
| 4. Was Fuel Tank pressure testing required? | | | |
| a) Was Fuel Tank pressure testing performed? | | | |
| 5. Was Fuel Cap pressure testing required? | | | |
| a) Was Fuel Cap pressure testing performed? | | | |
| 6. Is this test a Re-check from a prior failure? | | | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | 2 | | |
| a) Was Two-Speed Idle testing performed? | James 1 | | |
| | | | |
| Sussex County Only | | | |
| 3. Was Curb Idle testing required? | | | |
| a) Was Curb Idle testing performed? | | | |
| | | | |
| Comment: | | | |
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| DMV Technician: Told Lowe 15 Po | osition: 1 o | r 2 | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------|
| Station: 600 Date: 2-13-13 | Time: | | |
| Vehicle Make: Ma 2da Model Maka | Year | 1994 | ****************** |
| GVWR: Fuel Type: 6 Registrati | on Numbe | r:3 89. | 32 |
| | vert (eirc | | |
| | The same of the sa | | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number | er? U | | |
| 2. Was Emissions testing required? | V | | |
| a) Was Emissions testing performed using OBD? | | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | | | |
| 3. Was Catalytic Converter inspection required? | | | |
| a) Was Catalytic Converter inspection performed? | | | |
| 4. Was Fuel Tank pressure testing required? | | | |
| a) Was Fuel Tank pressure testing performed? | | | |
| 5. Was Fuel Cap pressure testing required? | | | |
| a) Was Fuel Cap pressure testing performed? | | | |
| 6. Is this test a Re-check from a prior failure? | | | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | |
| b) If this is re-check #3, was repair paperwork verified for waive | r? | | |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | | |
| a) Was Two-Speed Idle testing performed? | | | |
| | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | i | | |
| a) Was Curb Idle testing performed? | 2 | | |
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| Comment: Parked EMISSIONS - Lack IN System. | | | |
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| | osition: Cor | 2 | |
|--------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|-------|
| Station: G & Date: 2-15-13 | lime: | | |
| Vehicle Make: (We Model Alan | Year - | 4776 | 34 20 |
| GVWR: /2 Fuel Type: Registrati | on Number | :C/7 | 04 |
| Auditor: Grega Covert /(C | Overt (circle | e one) | |
| | | | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number | er? | | |
| 2. Was Emissions testing required? | 2- | | |
| a) Was Emissions testing performed using OBD? | | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | | | |
| 3. Was Catalytic Converter inspection required? | - | | |
| a) Was Catalytic Converter inspection performed? | 2 | | |
| 4. Was Fuel Tank pressure testing required? | | | |
| a) Was Fuel Tank pressure testing performed? | | | |
| 5. Was Fuel Cap pressure testing required? | | | |
| a) Was Fuel Cap pressure testing performed? | | | |
| 6. Is this test a Re-check from a prior failure? | | | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | |
| b) If this is re-check #3, was repair paperwork verified for waive | er? | | |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | | |
| a) Was Two-Speed Idle testing performed? | | | |
| | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | 2 | | |
| a) Was Curb Idle testing performed? | 2 | | |
| 3, | | L | |
| Comment: Selety | | | |
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